MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/584081	2 1 MAR 2007

APPLICANT(S)

6/28/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51				✓		
2		✓					52			✓			
3		✓					53				✓		
4		✓					54				✓		
5		✓					55				✓		
6		✓					56				✓		
7		✓					57				✓		
8		✓					58				✓		
9		✓					59				✓		
10		✓					60				✓		
11		✓					61				✓		
12		✓					62				✓		
13		✓					63				✓		
14		✓					64				✓		
15		✓					65				✓		
16	✓	✓					66				✓		
17		✓					67				✓		
18		✓					68				✓		
19		✓					69				✓		
20		✓					70				✓		
21		✓					71				✓		
22		✓					72				✓		
23		✓					73				✓		
24		✓					74				✓		
25		✓					75						
26		✓					76						
27		✓					77						
28		✓					78						
29		✓					79						
30		✓					80						
31		✓					81						
32		✓					82						
33		✓					83						
34		✓					84						
35		✓					85						
36	✓	✓					86						
37	✓	✓					87						
38	✓						88						
39				✓			89						
40				✓			90						
41				✓			91						
42				✓			92						
43				✓			93						
44				✓			94						
45				✓			95						
46				✓			96						
47				✓			97						
48				✓			98						
49				✓			99						
50				✓			100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	35	←	35	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	37		37				TOTAL CLAIMS						